

Indiana Professional Standards Board  
251 East Ohio Street, Suite 201  
Indianapolis, Indiana 46204-2133  
Telephone: (317) 232-9010  
Fax: (317) 232-9023  
Office Hours: 8:00 a.m. to 4:30 p.m. M-F  
www.state.in.us/psb

## ACCOUNTING CONTROL

Transaction number

Transaction number

Date received (month, day, year)

### Checklist for Obtaining an Indiana Teaching, Administration, or School Services License Out-of-State Graduates

Name \_\_\_\_\_ SSN \_\_\_\_\_  
(Last, first, middle, previous/maiden)

Date of Birth \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTE:** To determine your eligibility for an Indiana license, gather the materials below and send them to the Indiana Professional Standards Board at the address listed below. Check the items that are being sent and return this checklist with your materials. **For faster service, please send all materials in one packet. Failure to do so will result in delays in processing your evaluation request.**

\_\_\_\_\_ **Evaluation Fee B** Each level of evaluation requires a \$5.00 cashier's check or money order payable to the **State of Indiana**. Click on evaluation to review various licensing levels. **DO NOT SEND CASH OR A PERSONAL CHECK. ALL FEES ARE NON-REFUNDABLE.**

\_\_\_\_\_ **Application Fee B** Each license requires a \$5.00 cashier's check or money order payable to the **State of Indiana** after the evaluation is completed. *Send this fee only if you hold a valid out-of-state license and wish to have your Indiana license (one-year Reciprocal or five-year Standard) issued as soon as possible.* **DO NOT SEND CASH OR A PERSONAL CHECK. ALL FEES ARE NON-REFUNDABLE.**

\_\_\_\_\_ **Transcripts Enclosed B** Official transcripts must bear the registrars signature and seal and the degree earned. Do **not** send photocopies, student copies, or grade reports. Provide transcripts of all completed work. Please send in official transcripts for all institutions you have attended. All transcripts should be sent directly to you for inclusion in your evaluation packet. We do **not** require transcripts to be sent directly from the institution in a sealed envelope.

\_\_\_\_\_ **Valid Out-of-State Teaching, Administration, or School Services License B** Send photocopies of both sides of your unexpired out-of-state teaching, administration, and School Services license. Please send in all licenses.

\_\_\_\_\_ **Teaching Experience B** Dates of employment, positions held, grades and subjects taught or administered, whether the experience was full or part time, and accreditation of the school must be verified on official school letterhead from the employing superintendent or principal. The last school corporation that employed you may verify all of your experience.

\_\_\_\_\_ **\*State Form #9331 B** Complete the application for Indiana Teaching, Administration, or School Services License.

\_\_\_\_\_ **\*State Form #46699 B** NCATE (National Council for Accreditation of Teacher Education)/Compact Form. Contact the college or university licensing office where you completed your educator preparation program about completing this form. A list of Compact states and NCATE institutions in nearby states is located on the back of the form. Check with your institution to verify the NCATE accreditation if it is not listed. Some institutions may have recently gained this accreditation.

\* This form is included in this packet. Be certain that your out-of-state licensing advisor completes the NCATE / Compact Form, if applicable. An NCATE or Compact recommendation could waive some or all course work deficiencies.

\_\_\_\_\_ **Official PRAXIS Score Reports B** Official score reports of the NTE Core Battery and/or Specialty Area tests should be sent directly from the Educational Testing Service. Contact ETS at 800-772-9476 or [praxis@ets.org](mailto:praxis@ets.org). If your test scores have been sent into our office or are in the process of being sent to our office, please include a cover letter indicating this.

\_\_\_\_\_ **\*State Form #8053 Limited Criminal History Report B** Complete this form and forward to the Indiana State Police Central Repository. When the report is returned to you, forward it with your application materials to the Indiana Professional Standards Board. **We must have the original copy with the watermark seal. The limited criminal history report is valid for one year from the date listed on the report.**